



REQUEST FOR **FSTEP** COURSE SCHEDULING

STATE FIRE TRAINING
PO Box 944246 * Sacramento, CA 94244-2460
Phone (916) 445-8132 * Facsimile (916) 445-8128
(Internet) www.fire.ca.gov

REQUEST MUST BE RECEIVED SIX WEEKS PRIOR TO BEGINNING DATE OF CLASS

TODAY'S DATE:	COURSE TITLE:	
BEGINNING CLASS DATE:	ENDING CLASS DATE:	
CLASS LOCATION (City):	TRAINING FACILITY:	
SPONSORING AGENCY NAME:	AGENCY CONTACT FULL NAME:	
	AGENCY CONTACT PHONE NUMBER:	
PRIMARY INSTRUCTOR:	ASSISTANT INSTRUCTOR(S):	
DELIVERED ON SHIFT SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF STUDENTS:	PER SHIFT:
ADVERTISE IN CLASS SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<i>SHIPPING INFORMATION:</i>	<i>BILLING INFORMATION:</i>
SHIP TO:	BILL TO:
ATTN:	ATTN:
STREET ADDRESS: (NO PO BOX)	STREET ADDRESS:
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE:

▷ FOR OFFICE USE ONLY ◁

Registration	TOTAL Students	UNIT PRICE	TOTAL PRICE
Total number of students	#	\$ 5.00	\$
Registration fee only:			
Shipping/Handling Charges		\$ 5.00	\$ 5.00
TOTAL AMOUNT DUE		\$	

CODES (INDEX 5921)	QTY SHIPPED	QTY RETURNED	QTY BILLED	FINAL AMOUNT
59210-142500-21	#	#	#	\$
59210-141200-03	#	#	#	\$
Final Amount Due		\$		

DATE SHIPPED:		SHIP VIA:		<input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> PICK-UP	
BOX	WEIGHT	BOX	WEIGHT	CLASS CODE:	PRIM INSTRUCTOR CODE:
1		3		INVOICE NUMBER:	
2		4		MRT #	
DATE REC'D SM:				DATE	
DATE REC'D REG:				<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

INSTRUCTIONS:

- All Requests must be received 8 weeks prior to begin date of class. Late classes may be denied.
- Complete form except shaded areas. (All boxes must be completed).
- Shipping and Billing address is required. If billing address is the same as shipping, you may write "Same".
- List number of students and multiply total number of students by \$5.00 to get total price. (Example: 20 students x \$5.00 = \$100.00)
- All classes will be assessed a \$5.00 shipping/handling charge.
- Requester must calculate all math.

RETURNING CLASS

- Return all class materials via UPS to:
- Return CSFM original class roster.
- Copy of invoice must be attached.

**CDF/STATE FIRE TRAINING
1131 'S' STREET
SACRAMENTO, CA 95814**

PAYMENT

- Do not send payment before you receive invoice.
- Send check and copy of invoice to:

**CDF/ACCOUNTING
ATTN: CASHIER
PO BOX 944246
SACRAMENTO, CA 94244-2460**

MRT PROCESS – (CDF ENTITY ONLY)

- Requester must complete MRT as follows:
 - ⇒ Assign Document number
 - ⇒ Unit's Calstar coding and (C) for Charge
 - ⇒ OSFM Calstar coding is: {FY-5921-337.01-59210-\$ } and (A) for Abatement
 - ⇒ Use object code 337.01 ONLY for the total amount of the MRT
 - ⇒ Do not send MRT copies to CDF/Accounting Headquarters
 - ⇒ The MRT must be signed, dated and approved by an authorized individual
 - ⇒ Send original MRT with course request form to CDF/State Fire Training

INFORMATION

Course Approval	-	Jeanette Merriweather	-	(916) 445-8132
Shipped/Cancelled Classes	-	Caroline Fudge	-	(916) 445-8158
Payment/Invoice/MRT	-	Sandy Margullis	-	(916) 324-0233